



Tucson Fire Department

Cadet Program Application

Please type or print clearly.

Name:		Date of Birth:	Age:
Home Address:			
City:	State:		Zip Code:
Home Phone:		Emergency Phone:	
E-mail:		T-shirt size:	
Name of School Attending:		Grade Completed this School Year:	
Applicants Signature:		Date:	
Parent / Guardian Signature:		Date:	
COUNSELOR SECTION			
Please Circle One: Strongly Recommend Recommend Conditional			
Comments by the Counselor:			
Counselor's signature:		Date:	
*Current physical by your Physician is required to be considered for the program.			
**Medical History: If candidate has any respiratory health issues please contact the PSA at 791-4701			
Mail the completed application to: Tucson Fire Department Cadet Program 10,001 S. Wilmot Road Tucson, AZ 85756			

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